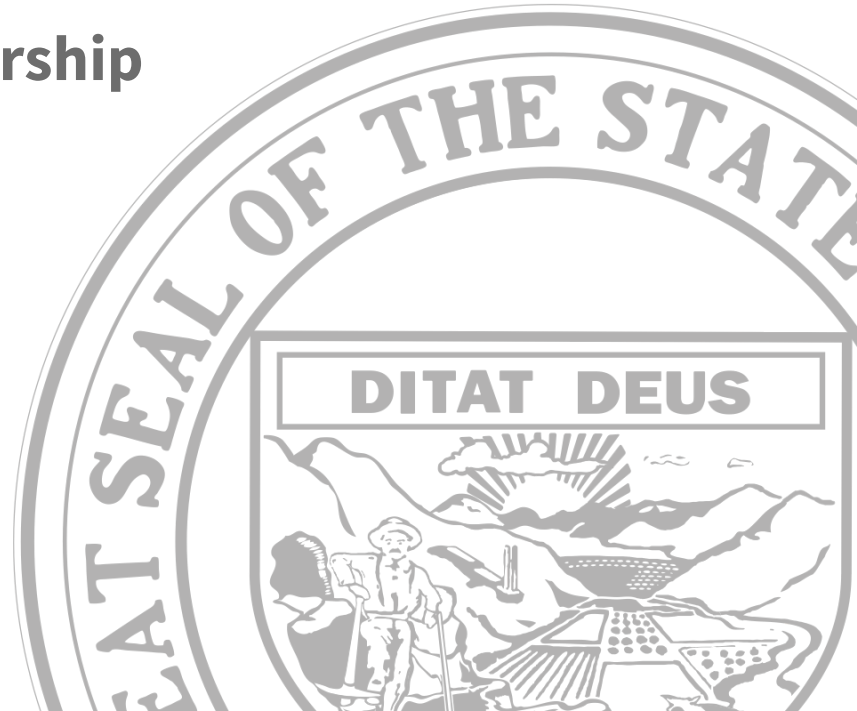


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# ARIZONA BORDER STRIKE FORCE



AZ Department of Public Safety

With cooperative effort and commitment from partnering local, state, tribal, and federal agencies, the mission of the Arizona Border Strike Force (BSF) is to deter, disrupt, and dismantle transnational criminal organizations that breach the international border and exploit the State of Arizona in furtherance of a criminal enterprise.

## About the Border Strike Force

The BSF began operating in September, 2015, after Governor Doug Ducey approached AZ DPS Director Frank Milstead asking for a comprehensive strategy to address the security of our southern border. The strategy includes leveraging local, state, tribal and federal partnerships to target transnational criminal organizations exploiting the Arizona-Mexico border. Effective interagency collaboration and information sharing has yielded successful outcomes in BSF operations since its inception in 2015.

## Law Enforcement Collaboration

In cooperation with the Alliance to Combat Transnational Threats (ACTT) and numerous partnering agencies, BSF coordinates and manages large scale rural operations in furtherance of the mission. Success of the Border Strike Force is predicated with the understanding that opportunity to make a difference is greater together than one agency alone.

## BSF Mission Aircraft



Final delivery of the custom completed BSF Bell 429 helicopter was completed on August 7, 2017. The final phase of crew training is ongoing even though full mission integration was completed in October 2017. The existing DPS helicopter fleet continues to directly support BSF efforts in addition to the new Bell 429.

The King Air 350 ISR aircraft was delivered from the modification vendor on July 14, 2017. Despite challenges with unscheduled maintenance requirements associated with the aged aircraft, full mission integration of the aircraft was completed in September 2017. The state of the art modified aircraft has significantly enhanced BSF missions with its MX-15 surveillance technology, which is capable of satellite uplink to ground stations across the state.



BSF focus area includes 373 miles of international border in addition to Cochise, Santa Cruz, Pima, Yuma, Maricopa, and Pinal counties. BSF also utilizes satellite resources in Graham and Greenlee counties.

## Geographical Focus & Rural Operations

The BSF operates primarily in the central and southern counties of Arizona, including targeted enforcement areas.

**North of Tohono O'odham Nation**—450,000 acres expands Pinal County to Pima County, including 75 miles of shared international border with Mexico.

- **Interstate:** I-19, I-10, I-8, I-17 and I-40
- **Highway:** 80, 82, 83, 85, 86, 90, 92 and 191

## Total BSF Arrests & Apprehensions

Since September 2015, the BSF has made over 3,199 arrests and released at least 600 subjects to federal agencies.

## Border Strike Force Funding



- \$8.2 mil (Ongoing)

### Police Resources Funded



- Trooper (12) \$1.6 mil



- Detective (10) \$1.4 mil



- Cochise County SO (5)



- Pima County SO (3)



- K-9 Trooper (5) \$677K



- K-9 Dog (5) \$33K



- Aviation (4) \$549K



- Prof. Staff (6) \$689K

## BSF Desert Operations

### Operation Sidewinder II & III



- 5,084 Pounds Marijuana
- 52 Felons Arrested

### Operation Organ Grinder



- 4,038 Pounds Marijuana
- 73 Felons Arrested

### Operation Megaregion I & II



- 1,176 Pounds Marijuana
- 60 Felons Arrested



# ARIZONA BORDER STRIKE FORCE

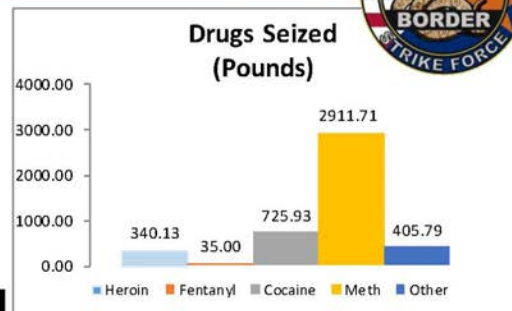


## Narcotic Drug & Weapon Seizure Data

Through interdictions, rural desert operations and follow-up investigations, the BSF has seized thousands of pounds of narcotic drugs, since its inception in September of 2015 through March 2018. Over the last two years and three months, criminal interdiction seizures resulted in over 58,200 pounds of marijuana seized by BSF. In addition, over 8,200 prescription drug pills/capsules, 4,400 pounds of dangerous drugs, such as crystal methamphetamine, heroin, cocaine and fentanyl were seized since BSF deployed. BSF operations yielded approximately 1,100 marijuana plants, 280 firearms and over 173,000 rounds of ammunition.



\*Approx. 45,000 hits per pound



## Sex Trafficking Investigations

### BSF Personnel Receive Special Recognition From US Attorney's Office

Three BSF Detectives and two BSF Canine Troopers were recognized by the US Attorney's Office for their exemplary work with a significant sex-trafficking investigation. The investigation began with a traffic stop in Cochise County that led to the discovery of a juvenile run-away who was a victim of egregious sex trafficking crimes. During the lengthy investigation, three suspects of a multi-state sex-trafficking organization were identified and prosecuted. The primary suspect was sentenced to 20 years in prison and will be the subject of lifetime supervised probation and subject to sex-offender registration the remainder of his life.

## Criminal Investigations

### Canine Trooper Seizes Deadly Drugs Transported by Vulnerable Juvenile

A BSF Canine Trooper initiated a traffic stop on Interstate 10 in Pima County and observed indicators of criminal activity being displayed by the juvenile driver of the vehicle. A search of the vehicle led to the discovery of numerous packages of narcotics throughout the vehicle and the admission of narcotics being smuggled on her body. In total 5 pounds of Fentanyl, 5 pounds of Heroin, 6 pounds of cocaine, and 2 pounds of methamphetamine were seized.

## Significant Seizures and Operational Successes



### BSF Seizes 452 Pounds of High-Grade Marijuana

BSF Gila/Navajo Narcotics assisted a trooper after he stopped a motor home on I-40 for a moving violation. A consent K9 deployment and subsequent probable cause search revealed the 452 pounds of high grade marijuana concealed in the cabinets, bathroom and under the bed of the motor home.



### BSF Seizes 1.18 Pounds of Heroin and 1,000 Oxycodone Pills

BSF K-9 trooper stopped a vehicle on I-17 for a moving violation. Consent search was conducted and revealed 1.180 pounds of white heroin in vacuum-sealed bags in the quarter panels and a vacuum-sealed bag containing 1,000 oxycodone pills. Both occupants were arrested.



### BSF Seizes 2,655 Pounds of High Grade Marijuana

BSF trooper stopped a vehicle on I-19 for a moving violation. The driver fled on foot and was not located. A search of the vehicle revealed 129 bundles of high grade marijuana wrapped in gray tape in the cargo area of the van. The total weight of the marijuana was 2,655 pounds, with a street value of over \$929,000.



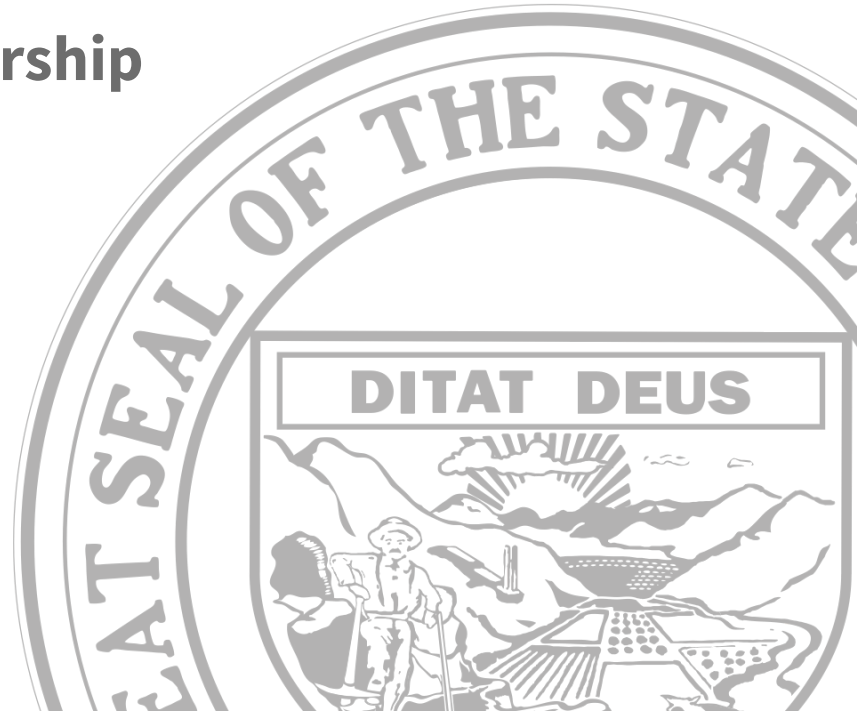
### BSF Seizes 4,000 Oxycodone Pills

BSF Gila/Navajo County narcotics trooper in Heber stopped a vehicle for a moving violation. A search of the vehicle revealed four bags and a makeup compact containing over 4,000 pills labeled as oxycodone, concealed under the spare tire in the truck compartment of the vehicle.

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**\*\*\* To request presentation materials presented on May 8, 2018 to the Arizona Substance Abuse Partnership, please contact the Arizona High Intensity Drug Trafficking Area.**

# **ARIZONA HIDTA**

**High Intensity Drug Trafficking Area**

**May 8th, 2018**



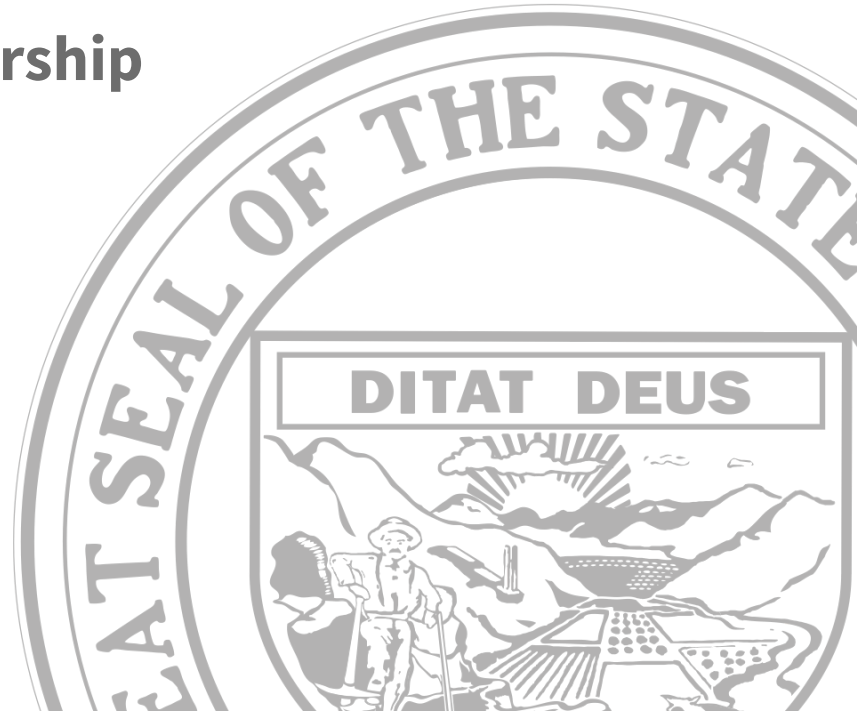
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# Nicotine Salt E-Cigarette Devices in Arizona

Erika Mansur

Youth Tobacco Program

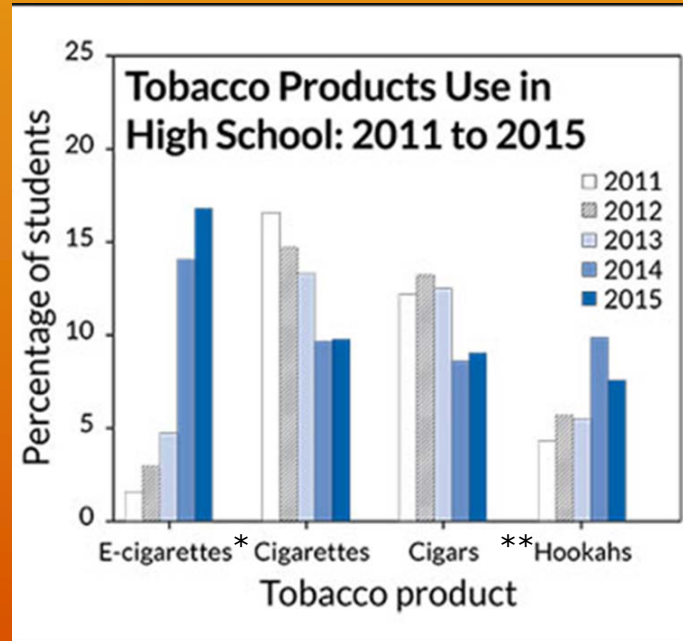
Arizona Office of the Attorney General

# Disclaimer

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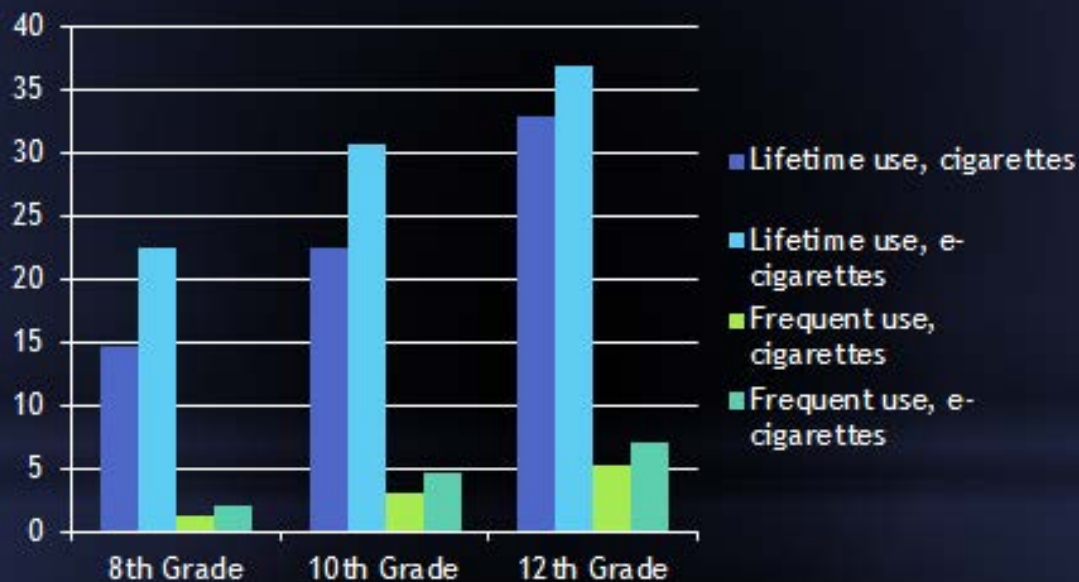
# Tobacco Use by Youth



\* "E-cigarettes" were defined in each year's study slightly differently to reflect current usage and brands, with 2015 questions specifically referencing both e-cigarettes and "vape-pens, hookah-pens, e-hookahs, e-cigars, e-pipes, personal vaporizers or mods." Future studies may further delineate between devices.

\*\* "Cigars" are defined as cigars, cigarillos, or little cigars, with youth use typically predominantly cigarillos, little cigars, and flavored little cigars.

## \* E-cigarette Use in Arizona\*



\* Arizona Youth Survey 2016, available at  
[http://www.azcjc.gov/sac/web/sac/AYSReports/2016/2016\\_Arizona\\_Youth\\_Survey\\_State\\_Report.pdf](http://www.azcjc.gov/sac/web/sac/AYSReports/2016/2016_Arizona_Youth_Survey_State_Report.pdf)

# “Shocking” Survey Result: Most Teen E-Cigarette Users Don’t Vape Nicotine

“Only about a fifth of high school e-cigarette users knowingly used nicotine-laced liquids...”

“These results, the researchers say, suggest attempts by policymakers to ban the sale of e-cigarettes to youths based on the assumption that they are always used to inhale nicotine may not be supported by evidence.”

# “Knowingly”

- E-liquid content is a big unknown across the board
- Studies have found inconsistencies with labelling and actual nicotine content
- How do we know what kids are actually vaping?

# School Resource Officer (SRO) Outreach

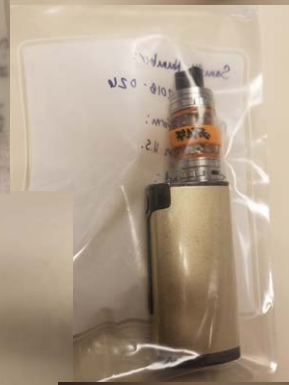
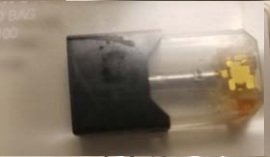
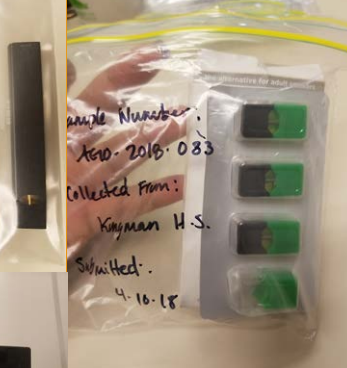
## ○ Phase 1:

- Existing relationship with Scottsdale School District SROs
- SROs identified issue...in seventh and eighth graders in addition to high schools
- Collect e-cigs, liquid vials, cartridges from SROs
- Test nicotine content

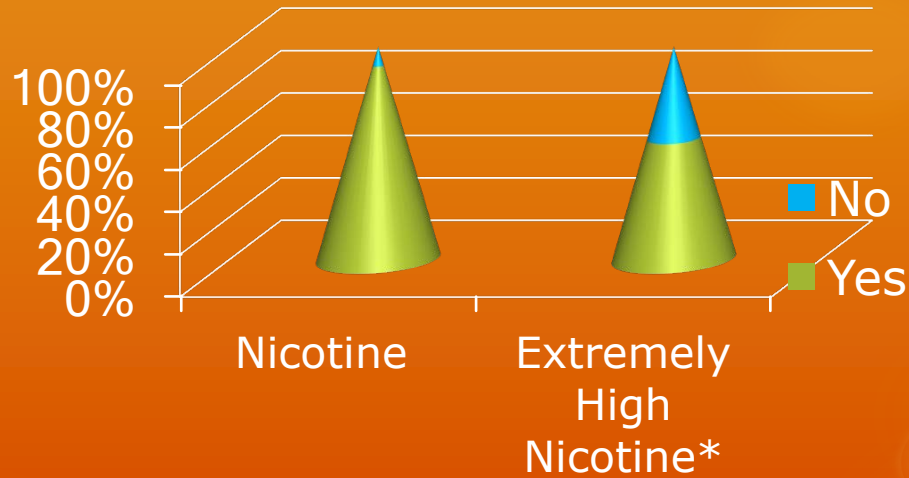
# A.R.S. § 13-3622

- A person who sells, gives or furnishes a vapor product to a minor
- A minor who buys, or has in his possession or knowingly accepts or receives from any person, a vapor product
- A minor who misrepresents the minor's age to any person by means of a written instrument of identification with the intent to induce the person to sell, give or furnish a vapor product
- "Vapor product" means a noncombustible tobacco-derived product containing nicotine that employs a mechanical heating element, battery or circuit, regardless of shape or size, that can be used to heat a liquid nicotine solution contained in cartridges.





# Actual Nicotine Content in confiscated e-cigarettes



\*Over 44mg/mL

# Content testing performed at the ADHS Lab

- 57% of products taken directly from students in school had over 44mg/mL of nicotine. Almost all of these samples were from liquid taken from Juul or Juul-like “pods” or cartridges.
- Nicotine may be life-threatening with as little as 60mg.

# Lessons Learned

- E-liquid cartridges leak.
- The nicotine present in E-liquid may be considered hazardous waste under RCRA or comparable state laws and should be handled and disposed of accordingly.



And the winner is... Juul



Recent Nielsen data shows that Juul has over 60% of the e-cigarette market.

**"WHY DON'T I GET A BUZZ ANYMORE?"**



You have become  
addicted.





Just one of many:

<https://www.instagram.com/juulnation/?hl=en>





# Nicotine poisoning and addiction may go unrecognized

"It's not like I am constantly feeling like I have to do it. But I do probably go to the bathroom once every two hours or so to 'Juul.'"

"feel sick after hitting it for a while. Especially to my stomach."

"Every time I rip juul for however long, I get a weird, stuck feeling in my stomach and it gives me a light stomachache."

The two days he went without, "it was all [he] could think about."

"I'd get the spins and I'd feel almost drunk and very nauseous which I absolutely hate."

"I got some juice in my system last night and felt like &^%\$. And got nicotine in my lips and some in my mouth."

# SRO Outreach

## ○ Phase 2

- Presentation to ASROA Annual Conference
- Statewide e-cigarette/e-liquid collection is ongoing
- Collaboration with ADHS and ADE to develop educational materials for SROs, school nurses, students, teachers, and parents

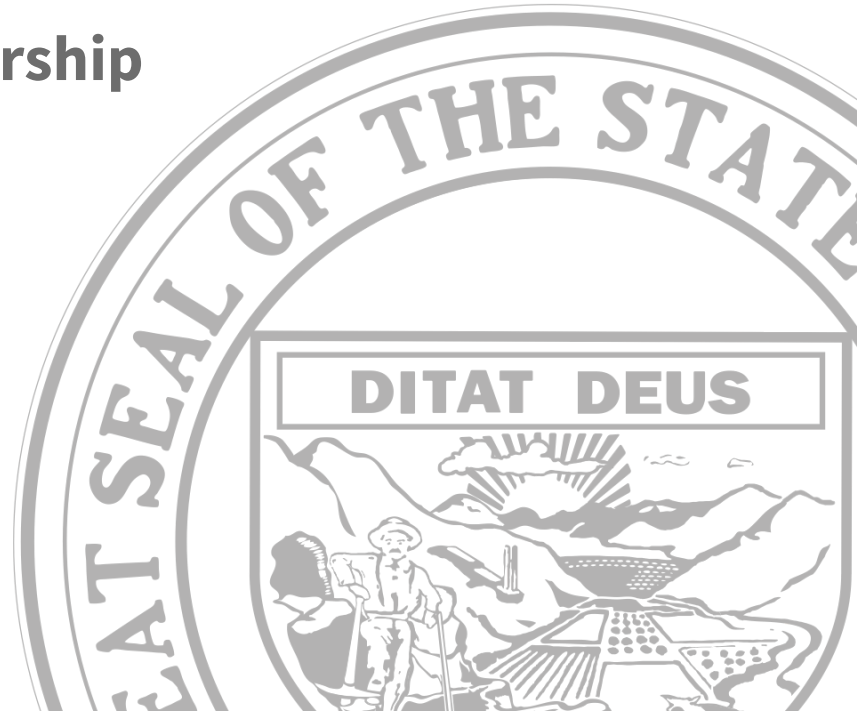
# Questions?

- Erika Mansur
- [Erika.mansur@azag.gov](mailto:Erika.mansur@azag.gov)

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# **OBSERVATIONS OF YOUTH E-CIGARETTE USE IN ARIZONA**

**Mark Martz**

**Office of Tobacco Prevention and Cessation  
Arizona Department of Health Services**

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- The material presented is for educational purposes only and does not constitute recommendations on policy positions.





## FOR TODAY

- National and Arizona perspectives
- Literature on e-cigarettes and youth
- Tobacco industry-sponsored youth prevention programs in schools
- Addressing the issue
- Discussion





## NATIONAL & ARIZONA DATA

## NATIONAL DATA

- More than 2M middle and high school students were current users of e-cigarettes in 2016.<sup>1,2</sup>
- 11% of high school and 4.3% of middle school students were current users of e-cigarettes in 2016.<sup>1</sup>
- E-cigarette use rose from 1.5% to 16.0% among high school students and from 0.6% to 5.3% among middle school students from 2011 to 2015.<sup>1</sup>
- According to a 2013-2014 survey, 81 percent of current youth e-cigarette users cited the availability of appealing flavors as the primary reason for use.<sup>3</sup>



# ARIZONA DATA<sup>4</sup>

## Percentage of High School Students Who Ever Used an Electronic Vapor Product,\* 2015-2017<sup>†</sup>



\*Including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens [such as blu, NJOY, Vuse, MarkTen, Logic, Vapin Plus, eGo, and Halo]

<sup>†</sup>No change 2015-2017 [Based on linear trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade ( $p < 0.05$ ).]

Note: This graph contains weighted results.



# ARIZONA DATA<sup>4</sup>

## Percentage of High School Students Who Currently Used an Electronic Vapor Product,\* 2015-2017<sup>†</sup>



\*Including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens [such as blu, NJOY, Vuse, MarkTen, Logic, Vapin Plus, eGo, and Halo], on at least 1 day during the 30 days before the survey

<sup>†</sup>Decreased 2015-2017 [Based on linear trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade ( $p < 0.05$ ).]

Note: This graph contains weighted results.





# LITERATURE AND GUIDANCE ON E- CIGARETTES & YOUTH



## 2014 SURGEON GENERAL'S REPORT<sup>5</sup>

- *E-cigarettes are now the **most commonly used tobacco product** among youth, surpassing conventional cigarettes in 2014.*
- *E-cigarette aerosol is not harmless. It can contain **harmful** and potentially harmful constituents including nicotine. Nicotine exposure during adolescence can cause **addiction** and can harm the developing adolescent brain.*
- *E-cigarettes are marketed by **promoting flavors** and using a wide variety of media channels and approaches that have been used in the past for marketing conventional tobacco products to youth and young adults.*



## CDC – JANUARY, 2017

- E-Cigarettes and Young People: A Public Health Concern<sup>6</sup>
  - ***Restrict E-cigarette Use Around Young People.*** *Don't let anyone use e-cigarettes or other tobacco products around young people. Not only are youth watching the behaviors of others as an example, but they're also at risk of exposure to nicotine and other chemicals that can be harmful to their health.*



# 2018 NATIONAL ACADEMIES OF SCIENCES, ENGINEERING, AND MEDICINE

## ○ Public Health Consequence of E-Cigarettes<sup>7</sup>

- *Conclusion 5-1. There is **conclusive evidence** that in addition to nicotine, **most e-cigarette products contain and emit numerous potentially toxic substances.***
- *Conclusion 5-4. There is **substantial evidence** that e-cigarette **aerosol contains metals.** The origin of the metals could be the metallic coil used to heat the eliquid, other parts of the e-cigarette device, or e-liquids. Product characteristics and use-patterns may contribute to differences in the actual metals and metal concentrations measured in e-cigarette aerosol.*



## FDA – APRIL 24, 2018<sup>8</sup>

- *FDA cites 40 retailers for violations related to youth sales of JUUL e-cigarettes.*
- *Agency announces a new blitz of retail establishments targeting youth sale violations.*
- *Agency takes new action to examine youth appeal of JUUL.*
- *Agency takes steps to foreclose online sales of JUUL to minors.*
- ***These are the first steps in a new effort aimed at stopping youth use of e-cigarettes.***





# TOBACCO INDUSTRY-SPONSORED YOUTH PREVENTION PROGRAMS IN SCHOOLS

# TOBACCO INDUSTRY-SPONSORED YOUTH PREVENTION PROGRAMS IN SCHOOLS

- Companies, including JUUL Labs, are actively reaching out to schools across the county requesting to provide tobacco prevention education programming to youth.
- According to the 2012 Surgeon General's Report, tobacco industry-sponsored youth prevention programs are ineffective.<sup>9</sup>
- States, including California and Colorado have sent letters to schools and stakeholders expressing their concern regarding industry overtures.



The left side of the slide features a series of vertical stripes in shades of brown, tan, and grey. Overlaid on these stripes are several orange circles of varying sizes, arranged in a cluster that tapers towards the bottom left.

## ADDRESSING THE ISSUE

# ADHS OTPC

- E-cigarettes #1 Youth Priority
- Media campaign, adult influencers
- STAND, Youth Coalition priority
- FDA, AGO inspections
- Youth education, harms and dangers
- Utilize existing best practice education materials, *Stanford Prevention Toolkit*<sup>10, 11, 12</sup>
- Collaborate with stakeholders to draft and disseminate letter to schools and community partners

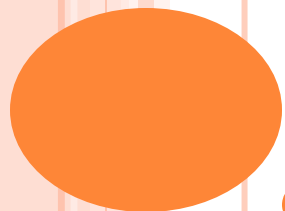




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2. Centers for Disease Control and Prevention (CDC). Tobacco use among middle and high school students – United States, 2011-2016. *Morbidity and Mortality Weekly Report*. 2017; 66(23):597-603.
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11. <https://e-cigarettes.surgeongeneral.gov/resources.html>
12. [https://e-cigarettes.surgeongeneral.gov/documents/2016\\_SGR\\_Full\\_Report\\_508.pdf](https://e-cigarettes.surgeongeneral.gov/documents/2016_SGR_Full_Report_508.pdf)





**THANK YOU**

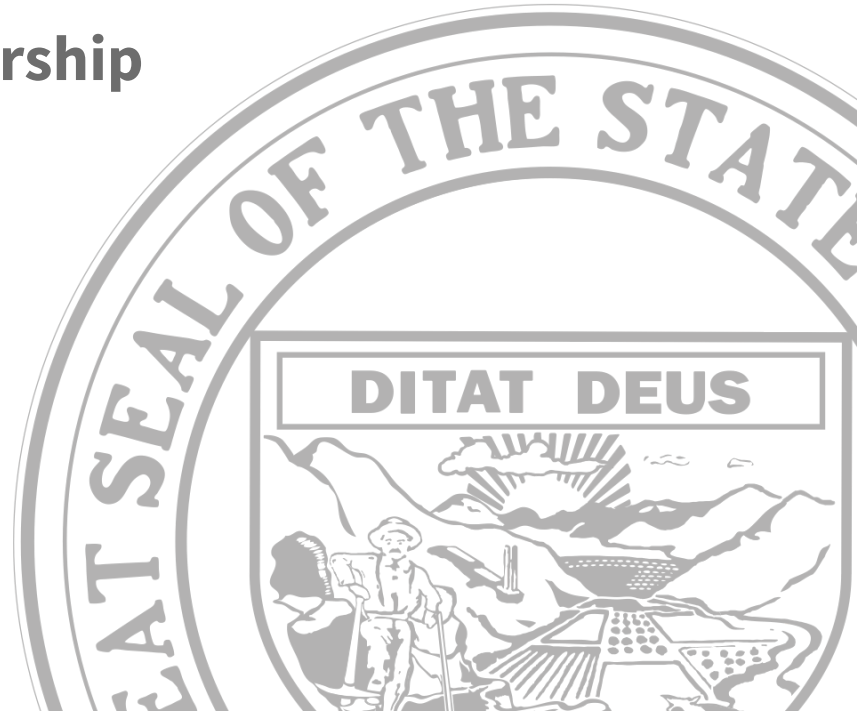
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# Arizona Opioid Assistance and Referral (OAR) Line

A. Min Kang, MD, MPhil

Center for Toxicology and Pharmacology Education & Research

Associate Medical Director, Banner Poison & Drug Information Center

May 10, 2018

# Opioid Action Plan

Opioid Overdose Epidemic Response Report ♦ September 2017



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

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[azhealth.gov/opioid](http://azhealth.gov/opioid)

# Recommendations

Goals	Recommendations	Performance Measures
<b>Reduce Opioid Deaths</b>	Enact legislation that impacts opioid deaths by reducing illicit acquisition and diversion of opioids, promoting safe prescribing and dispensing, decreasing the risk of opioid use disorder, and improving access to treatment	<ul style="list-style-type: none"> <li>By June 2018, complete 100% of action items in Legislative Action Plan</li> <li>Legislation is passed that contains 100% of high impact priorities</li> </ul>
<b>Improve Prescribing and Dispensing Practices</b>	Establish a Regulatory Board work group to identify prescribing trends and discuss enforcement issues	<ul style="list-style-type: none"> <li>By December 2017, complete 100% of the action items in the Regulatory Board Action Plan</li> </ul>
	Establish a task force to identify specific improvements that should be made to enhance the Arizona Controlled Substances Prescription Monitoring Programs (CSPMP)	<ul style="list-style-type: none"> <li>Percent of prescribers who prescribe controlled substances and have "Lookups" in the CSPMP</li> <li>By September 2018, complete 100% of the action items in the CSPMP Improvement Action Plan</li> </ul>
<b>Reduce Illicit Acquisition and Diversion of Opioids</b>	Meet with leaders of law enforcement and first responder agencies to expand Angel Initiative and other OUD diversion programs and assist the DEA with filling vacancies in the DEA Tactical Diversion Squad	<ul style="list-style-type: none"> <li>By November 2017, complete 100% of items in Law Enforcement Action Plan</li> <li>Number of law enforcement precincts participating in the Angel Initiative</li> <li>Percent of vacancies on the DEA Tactical Diversion Squad</li> </ul>
	Require all undergraduate and graduate medical education programs to incorporate evidence-based pain management and substance-use disorder treatment into their curriculum	<ul style="list-style-type: none"> <li>By September 2018, complete 100% of action items in the Medical School Curriculum Action Plan</li> <li>By October 2017, 75% of programs have been approached to discuss curriculum proposal</li> </ul>

Create a call-in line resource to provide consultation to prescribers seeking advice about prescribing opioids and caring for patients with opioid use disorder

By April 2018, complete 100% of the action items in the Call Service Action Plan

<b>Improve Access to Treatment</b>	Establish through executive order a work group to identify, utilize, and build upon Arizona's existing peer recovery support services	By June 2018, complete 100% of the action items in the Peer Support Action Plan
	Convene an Insurance Parity Task Force to research and provide recommendations regarding parity and standardization across the state	By June 2018, complete 100% of action items in the Insurance Parity Action Plan
	Engage the federal government outlining necessary federal changes to assist Arizona with our response to the opioid epidemic	By November 2017, complete 100% of items in Federal Barrier Action Plan
	Increase access to naloxone and Vivitrol for individuals leaving state and county correctional institutions and increase access to MAT therapy for individuals with opioid-use disorder while incarcerated	By February 2018, complete 100% of actions items in the Correctional Facilities Action Plan
<b>Prevent Opioid Use Disorder/ Increase Patient Awareness</b>	Utilize Public Service Announcements to educate patients, providers and the public regarding opioid use and naloxone	By June 2018, complete 100% of action items in the Public Service Announcement Action Plan
	Create a youth prevention task force to identify and implement evidence based, emerging and best practice substance abuse prevention/early identification curriculum, expand after-school opportunities, and identify resource needs	By June 2018, complete 100% of the action items in the Youth Prevention Action Plan

## RECOMMENDATION BRIEF: CALL SERVICE

**Proposal:** In order to improve prescribing practices, appropriate patient referral, and treatment for opioid use disorder, the Arizona Department of Health Services should develop a call service that provides 24/7 opioid-related resources for clinicians and patients. The service should include a central repository of available network capacity and a website of current opioid use disorder treatment providers as identified by the Arizona Health Care Cost Containment System and the Governor's Office of Youth, Faith, and Family.

The call service should include the following elements for clinicians:

- Real-time consultation to prescribers seeking advice about prescribing opioids, pain management options, managing high-risk patients, reducing opioid dosing (weaning), and opioid use
- Guidance on caring for patients with opioid use disorder and appropriate referrals for patient support and treatment services
- Identification, assessment, and referral for patients presenting with opioid overdose or opioid use disorder

The call service should include the following elements for patients:

- Emergency resources and referrals for individuals seeking treatment for opioid use disorder
- Warm transfer to behavioral health services or substance abuse/medication assisted treatment with patient follow-up after handoff

# RECOMMENDATION BRIEF: CALL SERVICE

## Action Plan/Timeline:

- By October 31, 2017: Identify an entity or entities appropriately staffed to support a 24/7 call service for clinicians and patients
- By December 31, 2017: Establish a contract with the identified entity or entities
- By January 31, 2018: Document protocols, guidelines, reference documents, and primary points of contact for use by the contracted entity or entities
- By January 31, 2018: Establish evaluation metrics and data collection tools for use by the contracted entity or entities in reporting back to the Department
- By February 28, 2018: Launch the call service
- By March 31, 2018: Promote the call service through statewide professional associations and licensing boards
- By March 31, 2018: Update [substanceabuse.az.gov](http://substanceabuse.az.gov) to reflect current Arizona opioid use disorder treatment providers, including those listed through SAMHSA.

## Performance Metrics

1. By April 2018, implement 100% of the action items in the Call Service Action Plan
2. Number of calls triaged through call service



# Poison Control Centers

# **American Association of Poison Control Centers**

**1980s - Increasing number of drug-related deaths in the US**

**2000 - US Government invested money:**

**~ \$19 million/year for all US PCCs**

**Established a toll-free number: 1-800-222-1222**

**2018 - 55 Poison centers across the US**

**Awaiting 2018 appropriations (\$20.846 million; highest ever)**

# US Poison Control Centers



# **Poison Center Staffing**

- **Certified Specialists in Poison Information:**  
**Nurses and Pharmacists**
- **Physicians serve as Medical Directors and 24/7 backup**
- **Other trained staff answer information calls**

# National Poison Data System (NPDS)

- **Cooperation between Poison Centers and the CDC**
- **All 55 Poison Centers upload electronic data to NPDS every 8 mins**
- **Set Criteria for ‘Anomalies’ that are monitored in near real-time**  
(e.g. botulism case from Pima County; notification w/i 12 hours)

# Published US Poison Data

## 2016 Annual Report of the American Association of Poison Control Centers' National Poison Data System (NPDS): 34th Annual Report

David D. Gummin, James B. Mowry, Daniel A. Spyker, Daniel E. Brooks, Michael O. Fraser & William Banner

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# **2016 NPDS Data (34<sup>th</sup> Annual Report)**

**2.71 million calls to US PCCs**

**2.16 million human exposures**

**54,000 animal exposures**

**490,000 information only calls**

**~ 1 call every 10 seconds**

**2.72 million follow up calls**

# Most Common Substances for Human Exposures

Substance (Major Generic Category)	All substances	% <sup>a</sup>	Single substance exposures	% <sup>b</sup>
Analgesics	298,633	11.50	193,037	9.90
Cosmetics/personal care products	199,838	7.70	192,940	9.89
Cleaning substances (household)	196,183	7.55	175,594	9.00
Sedative/hypnotics/antipsychotics	153,398	5.91	57,901	2.97
Antidepressants	109,110	4.20	45,123	2.31
Foreign bodies/toys/miscellaneous	103,737	3.99	100,632	5.16
Cardiovascular drugs	101,544	3.91	46,406	2.38
Antihistamines	99,176	3.82	70,682	3.62
Topical preparations	89,287	3.44	87,278	4.47
Pesticides	85,033	3.27	79,405	4.07
Alcohols	70,258	2.71	24,176	1.24
Vitamins	66,206	2.55	56,914	2.92
Cold and cough preparations	65,053	2.51	46,581	2.39
Bites and envenomations	61,857	2.38	61,143	3.13
Stimulants and street drugs	58,514	2.25	33,278	1.71
Antimicrobials	58,514	2.25	48,259	2.47
Hormones and hormone antagonists	56,957	2.19	38,556	1.98
Anticonvulsants	53,102	2.04	21,957	1.13
Gastrointestinal preparations	47,698	1.84	36,180	1.85
Plants	46,376	1.79	43,947	2.25
Dietary supplements/herbals/homeopathic	38,955	1.50	31,254	1.60
Chemicals	38,873	1.50	32,959	1.69
Fumes/gases/vapors	33,973	1.31	31,244	1.60
Hydrocarbons	33,081	1.27	31,031	1.59
Electrolytes and minerals	30,498	1.17	25,089	1.29



# Drugs Most Commonly Associated with Deaths

Substance (minor generic category)	All substances	% <sup>b</sup>	Single substance exposures	% <sup>c</sup>
Miscellaneous sedative/hypnotics/antipsychotics	363	12.86	19	3.53
Miscellaneous cardiovascular drugs	301	10.67	58	10.78
Opioids	243	8.61	34	6.32
Miscellaneous stimulants and street drugs	210	7.44	44	8.18
Miscellaneous alcohols	174	6.17	12	2.23
Acetaminophen combinations	153	5.42	44	8.18
Acetaminophen alone	145	5.14	58	10.78
Selective serotonin reuptake inhibitors (SSRI)	92	3.26	4	0.74
Miscellaneous fumes/gases/vapors	89	3.15	53	9.85
Miscellaneous antidepressants	77	2.73	6	1.12
Miscellaneous antihistamines	70	2.48	5	0.93
Tricyclic antidepressants (TCA)	64	2.27	12	2.23
Acetylsalicylic acid alone	62	2.20	22	4.09
Miscellaneous muscle relaxants	60	2.13	6	1.12

# **2017 Arizona Poison & Drug Information Centers**

**~ 83,000 calls from Arizona residents/providers**

**~ 56,500 human exposures**

**~ 10,000 scorpion stings and bites**

**~ 5,000 opioid-related calls**

**> 110,000 follow up calls**

# Center for Toxicology and Pharmacology Education and Research (CTPER)

# CTPER

**Center for Toxicology & Pharmacology Education and Research**

**Established in 2011 at the University of Arizona's College of  
Medicine-Phoenix**

**Consists of both Arizona Poison & Drug Information Centers**



# **Previous PCCs Public Health Work**

**Disease Reporting Line (DRL) for County Health Department**

**County Health Offices: Pima, Pinal, Maricopa and La Paz Counties**

**Public Immunization Line (County Health)**

**Office of Medical Examiner / Az Department of Health Services  
(Direct and indirect death reports - autopsy data)**

# **Previous PCCs Public Health Work**

**Arizona Governor's Councils**

**(Opioid Overdose Fatality and Youth Prevention Committees)**

**West Nile and ZIKA Lines**

**CDC 'Flu-On-Call' Line**

**Elder Behavioral Health Advisory Coalition (County level)**

## Recommendations for Occupational Opioid Exposures

### Arizona Poison and Drug Information Centers: 1-800-222-1222

The Arizona Poison and Drug Information Centers (University of Arizona Poison and Drug Information Center, Tucson and Banner Poison and Drug Information Center, Phoenix) have received more calls regarding opioid-related occupational events involving EMS and Law Enforcement officers. According to the Arizona Department of Health Services' 2016 Opioid Report, opioid deaths in AZ residents has increased 74% since 2012. This increase is due in part to increased circulation of synthetic opioids such as fentanyl / fentanyl analogs.

Fentanyl is a synthetic opioid agonist which is more potent than morphine. Fentanyl is available in various forms for medical use, including intravenous, transdermal patches, tablets, lozenges and nasal spray. Heroin products have been increasingly "laced" with fentanyl and fentanyl analogs, contributing to a large increase in overdoses. Street names for fentanyl masquerading as heroin include *China Girl*, *China White*, *Jackpot*, and *Tango and Cash*. Aryl fentanyl analogs have been seen in Arizona, these have varying degrees of potency. Carfentanil, an analog of fentanyl developed for veterinary use, is much more potent than morphine and may also be available.

The AZ Poison and Drug Information Centers would like to share the following recommendations on how to safely approach a scene and/or patient when there is a potential exposure to opioids.

**Recommendations:** Most skin exposure will result in no effects, but these substances can be absorbed through mucous membranes (mouth and eyes) more readily.

- The DEA does not recommend field testing; if drug handling is required, wear nitrile gloves.
- Always wash your hands and exposed skin with soap and water after handling any drug products. Do not use alcohol based hand sanitizers as they may increase dermal drug absorption.
- Respiratory protection is recommended if processing fentanyl/ fentanyl analogs. Follow your department's OSHA standard; if inhalational protection is required, use an N95 respirator.
- If there is potential for aerosolized fentanyl, protective cover for your arms and legs should be worn.
- Safety glasses/goggles should be worn if there is potential for facial exposure.
- Monitor for signs/symptoms of opioid toxicity, such as decreased consciousness, pinpoint pupils, or hypoxia. Symptomatic patients should immediately be treated with an opioid antagonist (naloxone).
- Remember to use precautions with your working dogs.

The AZ Poison and Drug Information Centers are staffed by certified pharmacists and nurses, 24/7, with physician toxicologists providing free telephone consultations to health providers caring for patients. Our staff and physicians are also available for educational lectures, post-event debriefings, and (with notice) to assist with real-time events.

Please call **1-800-222-1222** for questions, recommendations or notification of a poisoning event.

August, 2017

OARL



June 5, 2017

**Re: Proposal to the Az DHS: Poison & Drug Information Centers' Assistance with Reducing Opioid Overdoses**

Director Christ:

Considering the Governor's executive orders concerning opioid addiction, and your Department's plans to reduce opioid-related morbidity and mortality, the Center for Toxicology and Pharmacology Education & Research (CTPER; at the College of Medicine-Phoenix) and the two Arizona Poison and Drug Information Centers offer our services and subject matter expertise for these endeavors. Many of our established functions could be incorporated into your hospital discharge planning and other various activities. These include:

- Follow-up for ED patients discharged with opioid-related events (with 24/7 call back capability)
- Assistance with MAT programs, naloxone training and real-time use
- 24/7 resource center for treatment options, referrals and medical advice
- Monitoring opioid abuse/overdose cases involving 911 and healthcare facilities
- Evaluating and reporting on all opioid-related deaths (and serious outcomes)
- Utilization of EMS and healthcare facility resources for opioid-related injuries
- Standardized opioid-related education/training for laypersons and healthcare professionals
- Assistance with review and update of existing (relevant) governmental policies

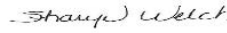
We look forward to discussing cooperative work at our meeting June 30, 2017 at 11am.



Steven C. Curry MD, Chair, Department of Medical Toxicology  
Banner University Medical Center - Phoenix



Keith Boesen PharmD, Director  
Arizona Poison & Drug Information Center



Sharyn Welch RN, Director  
Banner Poison & Drug Information Center



Farshad Mazda Shirazi MD, PhD, Medical Director  
Arizona Poison & Drug Information Center



Daniel Brooks MD, Medical Director  
Banner Poison & Drug Information Center

# **Az Opioid Crisis PCC Response - Time Line**

**June, 2017 - notified about State/Governor's interest**

**Sept-Nov, 2017 - participation on committees**

**Nov, 2017 - asked to submit a proposal**

**Dec, 2017 - notified of our award**

**Jan, 2018 - officially funded**

# **The Arizona Opioid Assistance and Referral Line**

**Partnership between CTPER and Az DHS**

**OAR Line**

**888-688-4222**

**Soft Start Date: Friday, February 26, 2018**

**Go-Live Date: March 26, 2018 (advertised to providers, first)**



## Center for Toxicology and Pharmacology Education and Research - Arizona Opioid Assistance and Referral (OAR) Line

[Home](#) > [Centers](#) > [Center for Toxicology and Pharmacology Education and Research](#) > [Arizona Opioid Assistance and Referral \(OAR\) Line](#)



# Opioid Assistance & Referral

A free 24/7 hotline that assists providers with complex patients with pain and opioid use disorders, answered by medical experts at the Poison and Drug Information Centers in Arizona.

**Arizona OAR Line**  
**1-888-688-4222**

ARIZONA DEPARTMENT OF HEALTH SERVICES  
The OAR Line is a partnership between the Arizona Department of Health Services, the Arizona Health Care Cost Containment System and Poison and Drug Information Centers in Arizona.

### CENTER FOR TOXICOLOGY AND PHARMACOLOGY EDUCATION AND RESEARCH

[Faculty](#)[Resources](#)[Contact](#)[Opioid Assistance and  
Referral](#)

**ARIZONA OPIOID ASSISTANCE AND REFERRAL LINE: 1-888-688-4222**

### RESOURCES

[CDC Opioid Overdose Resources](#)

[Getting Help for Opioid Misuse, Abuse or Dependence](#) (PDF).

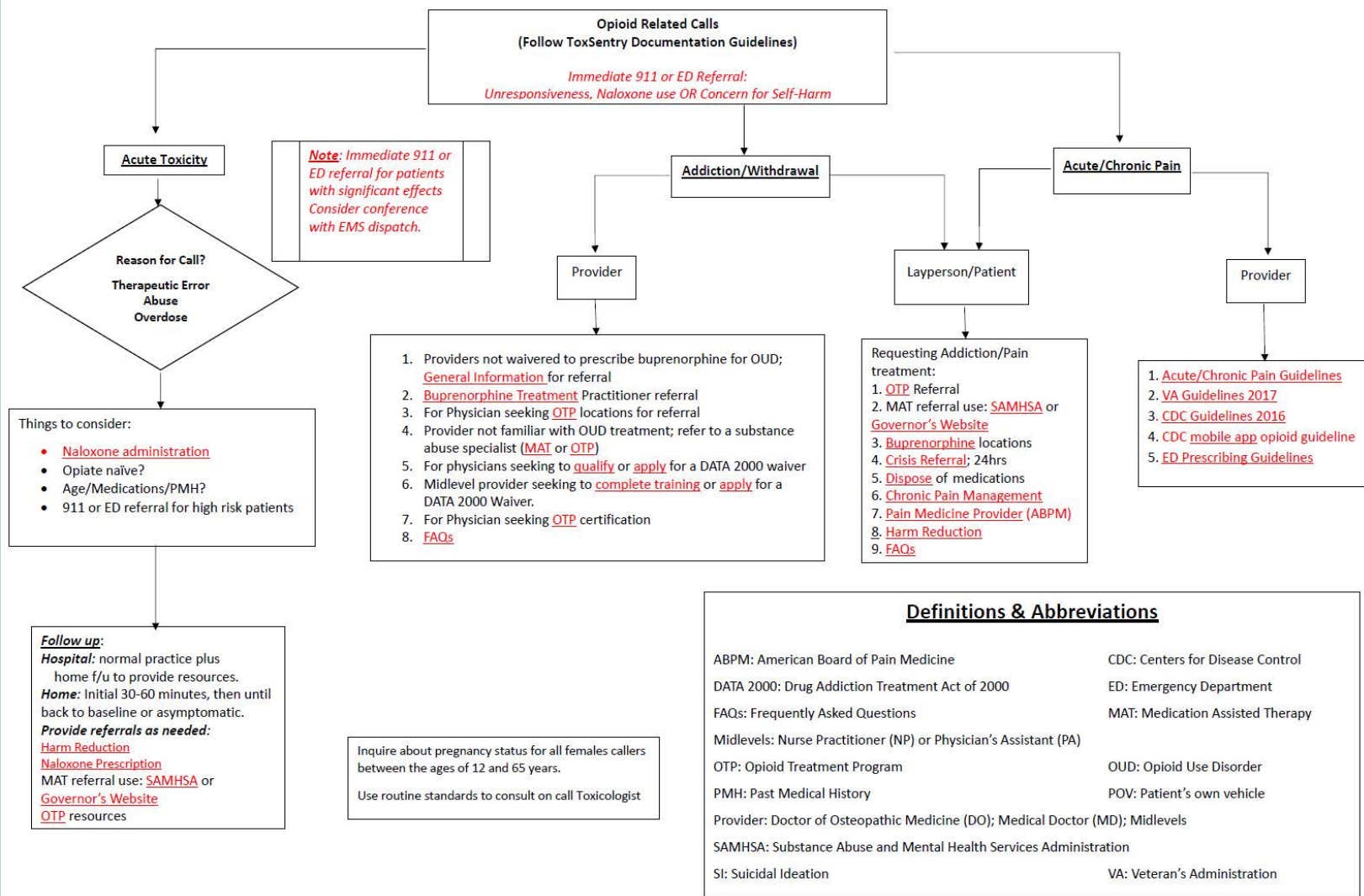
# **The Arizona OAR Line**

**Assist patients, care-givers and providers with opioid-related issues**

**Acute toxicity, withdrawal, chronic pain, medication-assisted treatment and behavioral health co-morbidities**

**Internal (PCC) Activities: Caller flow charts, SOP, Policies (charting)**

**External (DHS) Activities: Referral resources, Funding for care**



# Standard Operating Procedures:

## CTPER Opioid Call Service

### 1. Purpose

- a. The OCS hotline is a collaboration between the AzDHS, APDIC, CTPER, and BPDIC following the Governor's mandate to address the opioid epidemic in Arizona by finding the best treatments and reducing barriers to care<sup>1</sup>.
- b. To establish and maintain the Opioid Call Service (OCS) to provide information, resources and professional consultation for all opioid-related injuries and illnesses (including toxicity, chronic pain and withdrawal) on a 24/7/365 basis.
- c. To outline the Opioid Call Service's SOPs.

### 2. Scope

- a. The APDIC and BPDIC will staff a 24-hour hotline and provide any available assistance, information, and/or referral to medical providers and lay person seeking information regarding the risks, treatment, prevention, and professional consultation for all opioid-related injuries and illnesses.
- b. Methadone can only be prescribed and dispensed for the purposes of MAT by qualified physicians licensed to operate an OTP
- c. DATA 2000, part of the Children's Health Act of 2000, permits physicians who meet certain qualifications to treat opioid dependency with narcotic medications approved by the FDA, including buprenorphine, in treatment settings other than OTPs.
- d. Approved medications indicated for the treatment of substance use disorders and prevent opioid overdose.
  - i. Buprenorphine (Subutex® sublingual)
  - ii. Buprenorphine/Naloxone (Suboxone® oral and Zubsolv® sublingual)
  - iii. Methadone (Dolophine®)
  - iv. Naltrexone (Revia® PO and Vivitrol® IV)
  - v. Naloxone (Narcan®)

### 3. Procedure

- a. Answering the phone:
  - i. Answer the line with "TBD Hotline, this is (my name) how can I help you?"
    1. How will we redirect callers on overnights and weekends
    2. Will we route after-hours layperson to CACL?
      - a. 602-222-9444 (local)
      - b. 800-631-1314 (toll-free)
      - c. 800-327-9254 (TTY)
      - d. 877-756-4090 (Northern AZ)
      - e. 602-47-1100 ( Warm Line)

Reports



# **Data Analysis and Research**

**Deliverables include quarterly and yearly reports to ADHS**

## **Variables:**

**Number/Types of calls (OAR Line and PCC line)**

**Callers (provider type, patient, caregiver)**

**Patient demographics (age, gender, comorbidities)**

**Caller location (city and county)**

**Reason for calls**

**Substance(s) involved**

**Clinical Effects (acute toxicity, withdrawal symptoms)**

**Resources provided**

# OAR Line Data: 1<sup>st</sup> Quarter Report to ADHS

Submitted April 16, 2018

(Go Live Date: March 26, 2018)

Total Calls	
	Totals
All calls:	266
Exposure/Clinical Calls:	142
Information Calls:	124
Provider calls:	107
Patient / Caregiver (layperson) calls:	163
Calls via OAR Line:	5
Calls via other (non-OAR) PCC Lines:	261
Opioid-related deaths called to PCS	2

## OAR Line Data: 1<sup>st</sup> Quarter Report to ADHS

County	OAR Line Calls	PCC Calls
Apache		
Cochise		
Coconino		
Gila		2
Graham		
Greenlee		
La Paz		
Maricopa	4	195
Mohave		8
Navajo		1
Pima	1	6
Pinal		15
Santa Cruz		
Yavapai		
Yuma	5	6
Unknown		2
Total	10*	235

## OAR Line Data: 1<sup>st</sup> Quarter Report to ADHS

1. Most common prescriptions discussed during consultations?

Drug Type
1. Oxycodone
2. Oxycodone/ APAP
3. Hydrocodone/APAP
4. Heroin
5. Morphine
6. Tramadol

## OAR Line Data: 1<sup>st</sup> Quarter Report to ADHS

Caller Demographics	Arizona OAR Line	Arizona PCC Line	Comments
Caller seeking services on own behalf	1	23	PCC line calls = mostly to dosing errors
Caller seeking services for friend or family member		11	PCC line calls = mostly OD and dosing errors
Other (Please specify)	1- Drug ID		

# Data Analysis and Research

**At least 2 standard follow up calls for each patient**

**Use information to adjust outreach, advertising and resources**

**Plan to published/present our findings in academic settings**

# **Next Steps**

**$\geq 90$  MME requests**

# Questions

**daniel.brooks@bannerhealth.com**

**602-402-8210 (cell)**

**amkang@email.arizona.edu**

**boesen@pharmacy.arizona.edu**

OARL LINE: <http://phoenixmed.arizona.edu/opioid>

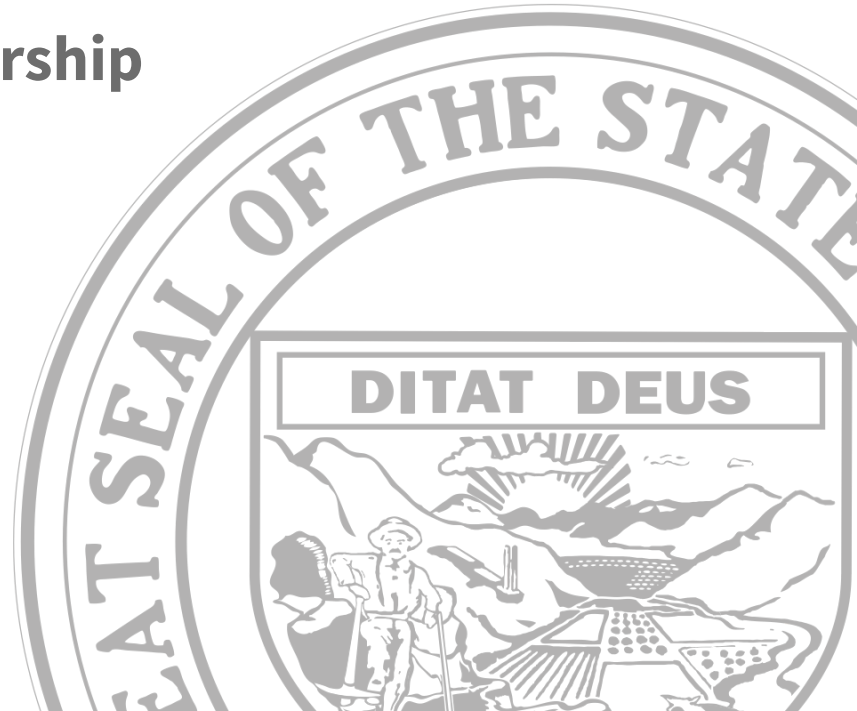
CTPER: <http://phoenixmed.arizona.edu/centers/toxicology>



Governor Ducey's  
**Arizona Substance Abuse Partnership**

Thursday, May 10, 2018

State Capitol Executive Tower  
2<sup>nd</sup> Floor Conference Room



# Prescription Drug Core Group

## Chair:

Sheila Sjolander, Arizona Department of Health Services

Committee Members: 14

Online Rx Toolkit: [RethinkRxAbuse.org](https://RethinkRxAbuse.org)

## Updates on Committee Goals:

- Completed updates the RX Core Group and developed a web-based platform to access, download and request technical assistance and training
- The Rx Initiative Health Care Advisory Team has finalized the update to the Arizona Opioid Prescribing Guidelines. The updated guidelines are on the ADHS website and will be added to the Rx Initiative Community Toolkit
- ADHS has updated [DumpTheDrugsAz.org](https://DumpTheDrugsAz.org) with geo-mapped permanent drop box locations

## What to Expect Next Quarter:

- The group will need to update its work plan based on recent Governor's Goal Council activities, opioid emergency activities, and passage of the Arizona Opioid Epidemic Act.
- Develop Statewide Protocol for Drug Drop Boxes.
- Provide training and technical assistance to communities on the Rx Initiative and use of the Rx Toolkit.

# State Epidemiology Work Group

## Chair:

Catie Clark, Arizona Criminal Justice Commission, Statistical Analysis Center

## Committee Members: 12

## Updates on Committee Goals:

- Assisting the Youth Prevention Sub-Team (of Goal Council 3) in the creation and review of a report on the status of substance abuse prevention programs in Arizona's schools.
- Assisting the Arizona Health Care Cost Containment System (AHCCCS) with their substance abuse prevention needs assessment for the Substance Abuse and Mental Health Services Administration (SAMHSA)
- The group has developed a list of additional projects it would like to pursue (contained within commissioner packets)

## Biggest Concerns:

- The Strategic Prevention Framework Partnerships for Success (SPF-PFS) grant is coming to an end on September 30, 2018.

## What to Expect Next Quarter:

- Updated work plan

# Recidivism Reduction Work Group

## Chair:

Michael Mitchell, Maricopa County Attorney's Office

## Committee Members: 7

## Updates on Committee Goals:

- ADC will use grant funds to train approximately 275 additional corrections officers in Motivational Interviewing during 2018, and to provide Effective Practices in Community Supervision (EPICS) training to corrections officers already trained in Motivational Interviewing
- Coalition development continues in Pima, Pinal, Maricopa, Navajo, and Coconino counties
- Tribal coalitions are also being developed in Gila River and Navajo
- Director Ryan gave a grant progress presentation at a DOJ meeting in Washington, D.C.

## Biggest Concerns:

- Coalition recruitment

## What to Expect Next Quarter:

- ADC will continue to train corrections officers in motivational interviewing and EPICS
- The Work Group will hear a presentation from ASU on Coalitions at the June meeting
- The Work Group will continue to identify and organize county coalitions



Arizona  
Substance Abuse  
Partnership

# Program Inventory Work Group

## Co-Chairs:

Jim Kreitler, *Calvary Addiction Recovery Center*  
Alex O'Hannon, *Governor's Office of Youth, Faith and Family*

Committee Members: 7

Past 30-Day Use of Provider Locator: 756

## Updates on Committee Goals:

- Received and implemented provider updates from the Arizona Health Care Cost Containment System (AHCCCS)
- Partnering with the Department of Health Services, the Banner Poison Control Call-Center, and the Governor's Office of Youth, Faith and Family to expand the OAR line to the general public.

## Biggest Concerns:

- Accuracy of provider data

## What to Expect Next Quarter:

- Updated functionality to the Arizona Substance Abuse Partnership Locator to include clearly marking treatment providers that are listed as a Center of excellence through AHCCCS and improved filter functionality.



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